

# JSNA Health and Wellbeing Profile 2024/25

## Perinatal and Infant Mental Health

### Summary

During the 'perinatal period' that lasts from conception to one year after birth, mothers and birthing people are at greater risk of developing new mental health conditions such as depression and anxiety. They are also at greater risk of experiencing a decline in existing psychiatric conditions or a recurrence of a former mental health illness<sup>1</sup>.

The effects of perinatal mental ill-health are often felt by the wider family, particularly partners/fathers. For example, maternal depression is the strongest predictor of paternal depression during the postpartum period<sup>2</sup>. However, data on perinatal mental ill-health in new fathers is limited, partly because of under-diagnosis but also because of insufficient research.

National research suggests that up to one in five women and one in ten men suffer from mental health problems during the perinatal period. Unfortunately, only 50% of these are diagnosed<sup>3</sup>.

The Confidential Enquiry into Maternal Deaths in the UK in 2018-20<sup>4</sup> showed that nationally, 40% of deaths occurring within a year after the end of pregnancy were from mental-health related causes (suicide and substance misuse), with suicide being the leading cause.

In Bristol, it is estimated that between 500 and 700 women each year will develop mild to moderate depression and/or anxiety in the perinatal period, while approximately 10-15 will develop serious perinatal mental illness<sup>5</sup>.

The potentially stigmatising effects of mental health illness can lead to reluctance to seek the treatment and support needed to reduce harm and recover. Untreated and on-going perinatal mental health issues can affect parent-infant emotional attachment and adversely affect child health outcomes that may last into adulthood<sup>6</sup>.

### Local prevalence

In 2023, there were just over 4,700 births to Bristol resident mothers and birthing people<sup>7</sup>. In the absence of precise local data national prevalence rates of new mothers and birthing people with perinatal mental health conditions<sup>8</sup> have been used to estimate approximately how many may be affected locally (Table 1). Limited research on prevalence rates in men means that local estimates would be unreliable. This is recognised as a gap locally and nationally, with actions planned to address this.

<sup>1</sup> NHS England (2019): <https://www.england.nhs.uk/mental-health/perinatal/>

<sup>2</sup> Goodman, J, H (2004): <https://onlinelibrary.wiley.com/doi/abs/10.1046/j.1365-2648.2003.02857.x>

<sup>3</sup> Royal College of GPs (2019): [www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx](http://www.rcgp.org.uk/clinical-and-research/toolkits/perinatal-mental-health-toolkit.aspx)

<sup>4</sup> MBRRACE-UK Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20: [MBRRACE-UK Maternal MAIN Report 2022 UPDATE.pdf \(ox.ac.uk\)](https://www.mbrpace.org.uk/mbrrace-uk-maternal-main-report-2022-update.pdf)

<sup>5</sup> Royal College of Psychiatrists (2015): [https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr197.pdf?sfvrsn=57766e79\\_2](https://www.rcpsych.ac.uk/docs/default-source/improving-care/better-mh-policy/college-reports/college-report-cr197.pdf?sfvrsn=57766e79_2)

<sup>6</sup> Maternal Mental Health Alliance (2019): <https://www.maternalmentalhealth.org.uk/>

<sup>7</sup>

<sup>8</sup> Royal College of Psychiatrists (2021): [college-report-cr232---perinatal-mental-health-services.pdf \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/college-report-cr232---perinatal-mental-health-services.pdf)

Perinatal mental health	Rates per thousand maternities	Estimated numbers in Bristol 2023
Postpartum psychosis	2 per 1,000	9
Chronic Serious Mental Illness	2 per 1,000	9
Severe depressive illness	30 per 1,000	141
Mild/moderate depressive illness and anxiety states	100-150 per 1,000	470-705
Post- traumatic stress disorder	30 per 1,000	141
Adjustment disorders and distress	150-300 per 1,000	705-1,410

Table 1: Rates of perinatal mental health conditions (per 1000 maternities) and estimated local prevalence rates.

Midwives screen all mothers and birthing people for depression at booking appointments, using the Whooley questions. A positive result (answering 'yes') is indicative of potential depression. Data from one of the local maternity providers, North Bristol Trust (NBT), shows that during 2023 9.1% of Bristol resident mothers or birthing people in their care (or 91 per 1000 maternities) had a score that could be indicative of depression<sup>9</sup>.

Figure 1 gives an indication of the trends over time in mental health need and referrals within the local maternity care system (NBT only) across BNSSG since 2021. As an approximate indicator of the prevalence of depression the proportion of pregnant women and birthing people with a positive response to the Whooley questions declines from mid-2021 to 2022, possibly associated with the ending of most of the pandemic-related restrictions in late 2021. By late 2023 the proportion has risen again to levels above those seen in 2021.

The data on referrals at booking appointment to the mental health support team at NBT<sup>10</sup> is available until June 2023 only. This measure shows a considerable increase in the proportion of pregnant women and birthing people referred to mental health support at booking between 2021 and 2022, contradictory to the trend in the Whooley question responses. However, depression is only one of a wide range of mental health problems that might require specialist support and the Whooley questions provide only an indication of potential need. The ability to refer mothers and birthing people for support may also have been limited by pandemic-related restrictions or capacity issues in 2021 that may have lessened in 2022. From around April 2022 the trend in referrals for mental health support appears to follow a very similar track to the trend for positive Whooley question responses, supporting this explanation.

Based on the limited local indications available, overall, during the period from 2021 to 2023 mental health 'need' and referrals for support during booking appear to have increased.

<sup>9</sup> NBT support approximately 45% of all maternities relating to Bristol residents, data is only currently available from this trust.

<sup>10</sup> It should be noted that mental health is considered throughout pregnancy and after birth by maternity services and support and referrals can happen at any point. This indicator is therefore only a partial measure.

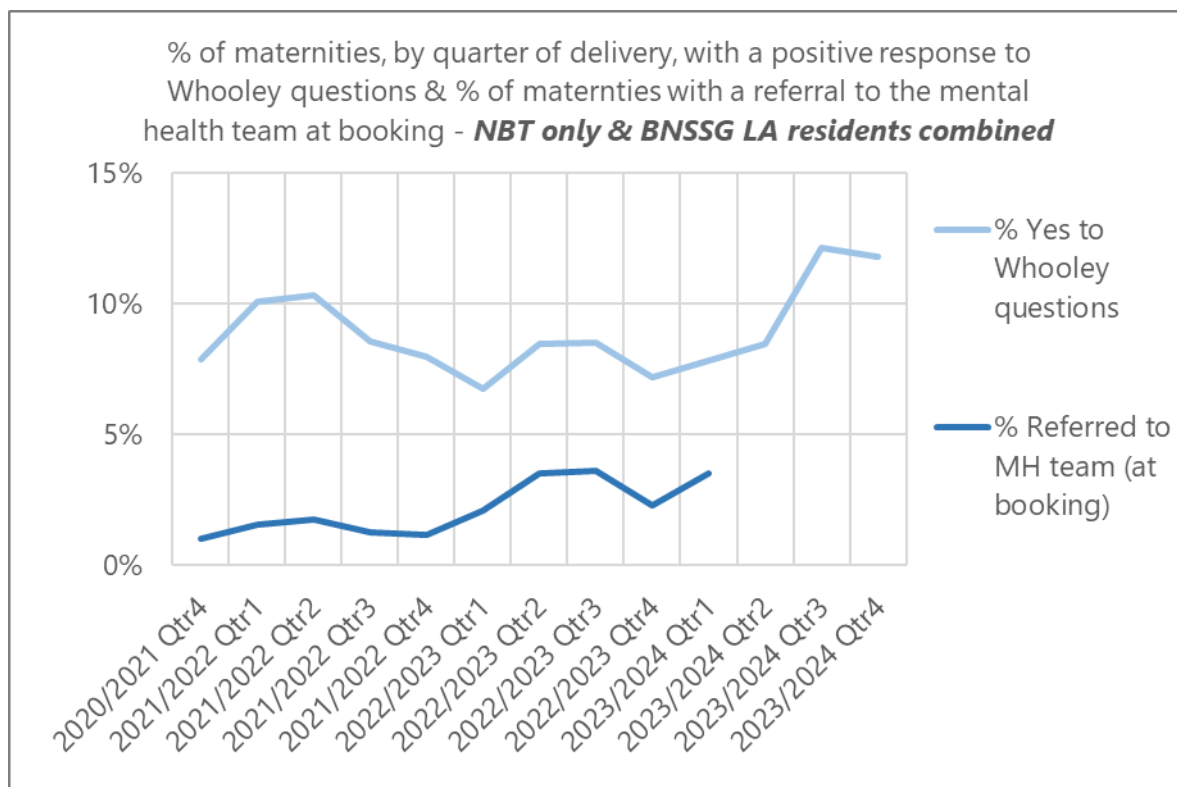


Figure 1: % of maternities with a Whooley score (at booking appointment) indicative of depression, and % of maternities referred to the mental health team (at booking), by quarter of delivery. Residents of BNSSG local authorities in the care of NBT.

**Equalities data:**

Some women are at increased risk of developing perinatal mental health illness, and some of the risk factors are linked to health inequalities. For example, women who have experienced a number of Adverse Childhood Events (ACEs), migration, domestic abuse, young mothers, care leavers, and women living in poverty, are all at increased risk of perinatal mental ill-health<sup>11 12</sup>. Previous pregnancy loss such as a stillbirth, a neonatal death or recurrent miscarriage can also increase the risk of developing psychological problems perinatally. Women from Black African, Asian and White Other backgrounds face more barriers in terms of accessing perinatal mental health services compared to White British women<sup>13</sup>. There is also a need for a greater focus on partners/ fathers in relation to perinatal mental health.

Equalities data from NBT has been pooled for residents of the three BNSSG local authorities (Bristol, North Somerset and South Glos) and over a 3 year period (2021-2023) to identify which groups locally may have higher levels of need<sup>14</sup>. The data summarised in figures 2 and 3 indicates

<sup>11</sup> Public Health England (2019): <https://www.gov.uk/government/publications/better-mental-health-jsna-toolkit/4-perinatal-mental-health>

<sup>12</sup> MBRRACE-UK Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20: [MBRRACE-UK Maternal MAIN Report 2022 UPDATE.pdf \(ox.ac.uk\)](https://www.mbrpace.org.uk/2022/02/2022-update/)

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<sup>14</sup> Since the numbers available for analysis within each maternal-age and ethnic group are relatively small, the data used for these analyses are based on pooled data for all BNSSG LA residents and also a 3 year period to increase the robustness of the analyses.

that younger mothers or birthing people (aged under 25) were most likely to have Whooley scores that could be indicative of depression, and that the same age-group were also the most likely to be referred to mental health support at their booking appointment.<sup>15</sup>

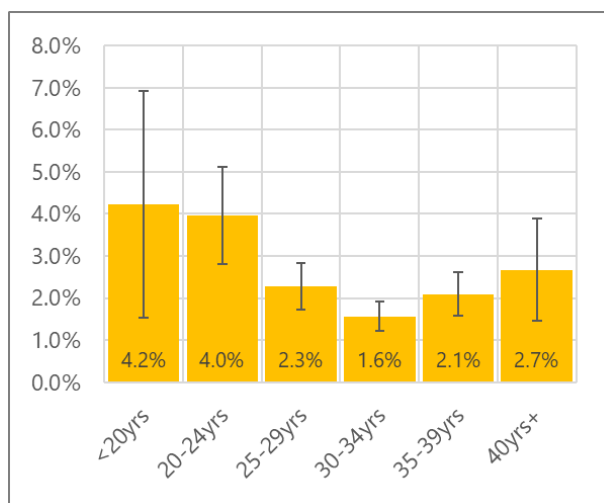
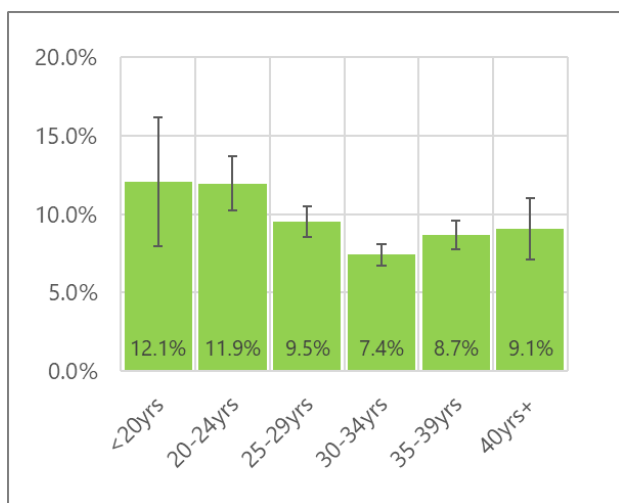


Figure 2: % of maternities, by maternal age (at delivery), with a Whooley score (at booking appointment) indicative of depression. NBT only, BNSSG residents, deliveries Jan 2021 – Dec 2023.

Figure 3: % of maternities, by maternal-age at delivery, referred to the mental health team (at booking) - NBT only, BNSSG residents, deliveries Jan 2021 -Jun 2023.

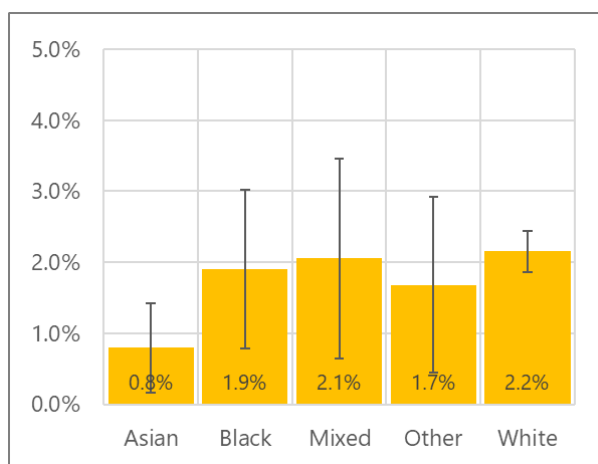
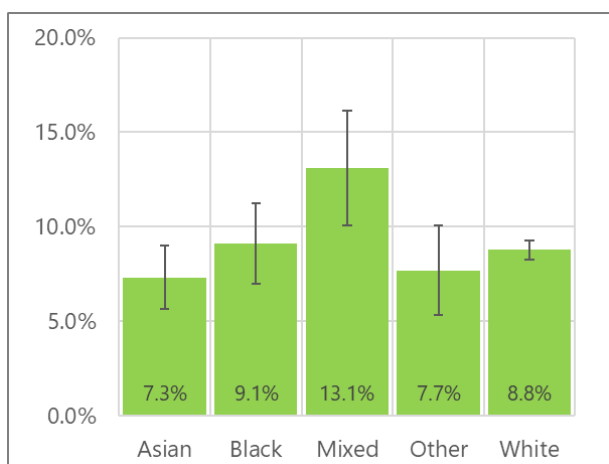


Figure 4: % of maternities, by ethnicity (broad categories), with a Whooley score (at booking appointment) indicative of depression. NBT only, BNSSG residents, deliveries Jan 2021 – Dec 2023.

Figure 5: % of maternities, by ethnicity (broad categories), referred to the mental health team (at booking) - NBT only, BNSSG residents, deliveries Jan 2021 – Jun 2023.

Mothers or birthing people of mixed ethnic heritage were the most likely to have Whooley scores that could be indicative of depression. The proportion of this group with a positive result (13.1%) was significantly higher than the result for the Asian ethnic group (7.3%) and white ethnic group (8.8%). The proportions of mothers and birthing people referred to mental health support at their booking appointment were broadly similar across the different ethnic categories, except for

<sup>15</sup> It should be noted that mental health is considered throughout pregnancy and after birth by maternity and support and referrals can happen at any point. This indicator is therefore only a partial measure.

mothers and birthing people of Asian ethnicity who were the group least likely to be. The proportion referred from this group was significantly lower than for those of white ethnicity (0.8% vs 2.2%).

Between 2021-2023 10.6% of those living in the most deprived 60% of Bristol (quintiles 1 to 3) and being cared for by NBT maternity services reported a Whooley score indicative of depression compared to 6.2% of those living in the least deprived 20% of the city. The proportion of mothers and birthing people referred for mental health support at booking from January 2021 to June 2023 was approximately similar for most of the city, but significantly higher for mothers and birthing people from the most deprived 20% of the city.

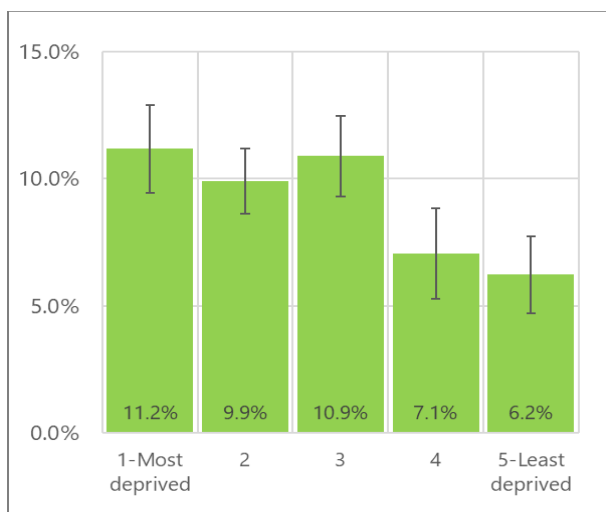


Figure 6: % of maternities, by deprivation quintile (IMD 2019), with a Whooley score (at booking appointment) indicative of depression. NBT only, Bristol residents only, deliveries Jan 2021 – Dec 2023.

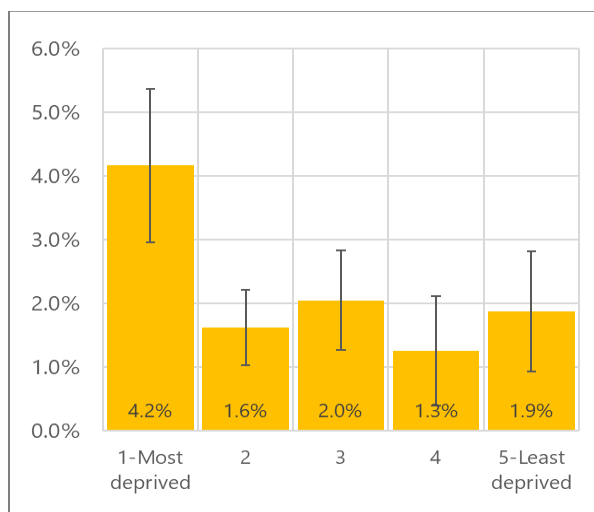


Figure 7: % of maternities, by deprivation quintile (IMD 2019), referred to the mental health team (at booking) - NBT only, Bristol residents only, deliveries Jan 2021 – Jun 2023.

### Parent-infant relationships

Early relationships are crucial to infant mental health, sensitive and responsive parenting helps to ensure that babies emotional needs are met. However, things can go wrong because of factors such as neglect and abuse, parental stress or absence, parental illness including mental health, alcohol/substance misuse or childhood illness<sup>16</sup>.

Approximately 50% of babies are securely attached to their parents/carers, while 40% are insecurely attached, and 10% have a ‘disorganised’ attachment style, which is associated with the poorest developmental outcomes<sup>17</sup>. In the absence of precise local data estimates have been calculated based on the just over 4,700 births in Bristol during 2023 (Table 2).

<sup>16</sup> [Poverty, Deprivation & Attachment Hoffman and Drury PP Drury and Simpson \(swansea.ac.uk\)](https://www.swansea.ac.uk/research/centres-and-groups/centre-for-social-justice-research/poverty-deprivation-attachment)

<sup>17</sup> [Beyond the ACE score: Examining relationships between timing of developmental adversity, relational health and developmental outcomes in children \(researchgate.net\)](https://www.researchgate.net/publication/354111111)

Attachment style	Number of infants
Secure	2,350
Insecure	1,880
Disorganised	470

Table 2: Attachment style; Bristol estimates

Relationships, emotional wellbeing and development in the earliest years of life predict later wellbeing across a range of indicators such as educational attainment, income, mental and physical health, relationships, risky and antisocial behaviour and parenting ability<sup>18</sup>.

#### Further data / links / consultations:

- Mental Health in Pregnancy, the Postnatal Period and Babies and Toddlers. Report for Bristol Local Authority (2017)
- [Joint Strategic Needs Assessment Toolkit: Perinatal Mental Health](#)

#### Covid-19 impact:

The Covid-19 pandemic has had widespread impacts on many aspects of health and wellbeing, both directly on the health of those infected and indirectly because of the impact on many determinants of health (such as access to services, work and education, lifestyles and social support networks).

The Confidential Enquiry into Maternal Deaths in the UK in 2018-20<sup>19</sup> found that in 2020 women were times more likely to die by suicide during or up to six weeks after the end of pregnancy compared to 2017-19.

**Date updated:** September 2024

**Next update due:** May 2025

<sup>18</sup> Parent-Infant Foundation (2022) Securing Healthy Lives: [Securing-Healthy-Lives-ENGLISH.pdf](#)

<sup>19</sup> MBRRACE-UK Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2018-20: [MBRRACE-UK Maternal MAIN Report 2022 UPDATE.pdf \(ox.ac.uk\)](#)